

EXHIBIT D

First Amended Election Not to Participate in Settlement

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EXHIBIT D

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN JOSE DIVISION

AHMED HIGAZI, on behalf of himself
and a class of those similarly situated,

Plaintiff,

v.

CADENCE DESIGN SYSTEMS, INC.,

Defendant.

No. C-07-2813-JW

**FIRST AMENDED ELECTION NOT TO
PARTICIPATE IN SETTLEMENT**

ELECTION NOT TO PARTICIPATE IN SETTLEMENT

Do not fill out this form if you would like to participate in the settlement and receive a share of the \$~~7.5~~7,664,856.61 million settlement.

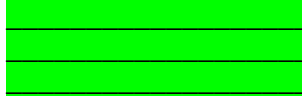
Fill out and submit this form only if you want to exclude yourself from the \$~~7.5~~7,664,856.61 million settlement.

If you fill out this form, you will not receive any money.

Please note that Cadence is obligated to pay a fixed amount of \$~~7.5 million~~7,664,856.61 under the Settlement, regardless of whether or not you decide to claim your share under the Settlement.

If you want to exclude yourself from the settlement, you must sign this document and
(i) mail it via first-class mail to the address below postmarked by insert date, or
(ii) deliver it by insert date whether by facsimile transmission, professional delivery, or personal delivery, to the address below:

Higazi v. Cadence Design Systems, Inc. Settlement Administrator



I declare as follows:

I understand that by completing and returning this form, I am excluding myself from the \$~~7.5~~7,664,856.61 million settlement of this action and that **I will receive no money from the Settlement Fund created by the Settlement.** I also understand that if I am excluded from the class, I may bring a separate legal action seeking damages, but might recover nothing or less than what I would have recovered if I had filed a claim under the Settlement.

Dated: _____, 2008.

(Signature)

(Typed or Printed Name)

(Address)

(Address, City, State, Zip Code)

(Telephone Number, Including Area Code)

~~(Cadence employee identification number or
last four digits of Social Security Number)~~

(Cadence employee identification number or
last four digits of Social Security Number)